


POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Electronic Version v05

Stylesheet Version v05.0

| | | | | | |
|--|-----------------------|-----------------------|--|-----------------|------------------|
| Title of Invention | TURNING MIRROR | | | | |
| First Named Applicant : | Mr. Stephen Weinreich | | | | |
| Attorney Docket Number : | 51900-SWINV-002 | | | | |
| <p>I hereby appoint the registered practitioner(s) at Customer Number:</p> <p>34325</p>  | | | | | |
| <p>as attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>I am the Applicant/Inventor.</p> <p>Full Name of Applicant of Record:</p> <table border="1"><tr><td colspan="2">Mr. Stephen Weinreich</td></tr><tr><td>Signature: /shk</td><td>Date: 2003-12-13</td></tr></table> | | Mr. Stephen Weinreich | | Signature: /shk | Date: 2003-12-13 |
| Mr. Stephen Weinreich | | | | | |
| Signature: /shk | Date: 2003-12-13 | | | | |

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|--------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Stephen Weinreich |
| Title | Turning Mirror |
| Group Art Unit | 2872 |
| Examiner Name | Mohammad Y. Sikder |
| Attorney Docket Number | 51900-SWINV-002 |

I hereby appoint:

☒ Practitioners at Customer Number

34325

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|-------------------|---------------------|
| Stanley H. Kremen | 51,900 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

34325

Place Customer
Number Bar Code
Label here

☐ Firm or
Individual Name

Stanley H. Kremen

Address 4 Lenape Lane

Address

City East Brunswick State NJ Zip 08816

Country United States of America

Telephone (732) 251-3623 Fax (732) 723-9155

I am the:

☒ Applicant/Inventor.

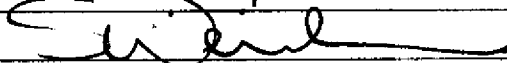
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Stephen Weinreich

Signature



Date

December 11, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.